

REGISTRATION PACKET

21st National Veterans Wheelchair Games

New York, New York
July 1–5, 2001



Hosted by the Bronx Veterans Affairs Medical Center

WHAT'S NEW FOR 2001

- **Exhibition Event:** Sled Hockey
- **Submit VA Form 10-10EZ**
via the internet at:
www.va.gov/1010ez.htm

ABOUT THE GAMES

Join fellow veterans at the 21st National Veterans Wheelchair Games (NVWG), July 1-5, 2001, in New York, New York. This year's Games are hosted by the Bronx Veterans Affairs Medical Center. The official athletic events are: air guns, archery, basketball, bowling, field, 5K road race, motorized rally, nine ball, quad rugby, slalom, softball, swimming, table tennis, track, and weightlifting. Sled hockey will be offered as an exhibition event. The 21st NVWG are open to veterans with spinal cord injuries and other disabilities that require the use of a wheelchair for athletic competition.

REGISTRATION

DEADLINE: APRIL 16, 2001

All athletes and coaches must register by submitting the enclosed registration forms, postmarked on or before April 16, 2001. All forms, including VA Form 10-10 EZ: Application for Health Benefits, must be completed and submitted to the 21st National Veterans Wheelchair Games Registration c/o PVA. **Incomplete forms will be returned and will not be accepted until completed and resubmitted.** Please note that participants can submit their VA Form 10-10EZ via the internet at: www.va.gov/1010ez.htm

Registration is limited to 550 athletes. Completed registration forms are accepted in the order they are received, with priority given to novice athletes after the first 500 entries.

One coach per five athletes may register by completing all the appropriate information on the registration forms. The coach must submit a list of athletes with the registration forms. All registration deadlines apply to coaches.

COMPETITIVE DIVISIONS

Athletes may select only one division for all events.

Novice: First-year competitors only, regardless of age. (Those who have **never** competed in **any** organized wheelchair sporting event.)

Open: All competitors who have competed in sanctioned wheelchair sports competition or past National Veterans Wheelchair Games.

Masters: Competitors who are 40 years or older may compete in the Masters Division. A novice competitor 40 years or older may select either the Novice or Masters Division.

EVENT RULES

Enclosed with this registration packet is a booklet describing each event and its rules and equipment policy.

If you are registering for the air guns event for the first time, you are required to establish a shooting time at the air guns event registration booth at the Disabled Sports, Recreation & Fitness Expo on Sunday, July 1.

To ensure every competitor adequate playing time, the following events have a maximum number of competitors allowed.

Air Guns: limited to 200 shooters

Archery: limited to 90 archers

Basketball: 8 teams, 12 players per team (96 total competitors)

Quad Rugby: 4 teams, 10 players per team (40 total competitors)

Softball: 6 teams, 15 players per team (90 total competitors)

EXHIBITION EVENT

Sled Hockey

AIRLINE TRAVEL INFORMATION

*See Airline information flyer.



CLOSING BANQUET

The Paralyzed Veterans of America and the Department of Veterans Affairs, in cooperation with Host Sponsor Invacare Corporation, are hosting the closing banquet on Thursday, July 5, at the New York Marriott Marquis Hotel. Athletes and qualified coaches may purchase banquet tickets for \$15 each. Tickets for all others are available for \$25. Do not send any money for tickets with your registration form. Tickets may be purchased during registration by cash or check.

HEAT AND ENVIRONMENTAL ALERT

In New York, the temperature can exceed 80°F in July with near 80 percent relative humidity. Some events are being held outdoors and in settings that can have extreme heat. Every effort will be made to ensure adequate cooling, but you should

give consideration to this environmental risk when choosing events.

Be sure to bring a hat and sunscreen.

GROUND TRANSPORTATION AND PARKING

Ground transportation will be provided to and from LaGuardia Airport and the New York Marriott Marquis Hotel on Saturday, June 30, Sunday, July 1, and Friday, July 6. Indicate your air travel arrangements on Form B.

It is imperative that we have accurate arrival/departure times. Airline flight numbers and arrival/departure times need to be provided so that transportation can be arranged.

Valet parking at the hotel is \$33 per day; there is no self-parking. The hotel cannot accommodate any high-top vans in their parking facility and there is no on-street parking unless you have a New York City handicap parking permit. Illegally parked vehicles will be towed. The City of New York does not recognize handicap parking permits from any state, including New York State.

Please note that due to the expense and limited availability of parking, the cost of tolls, and the hazards of driving in New York City, participants are encouraged to fly instead of drive to this year's Games.



21ST NATIONAL VETERANS WHEELCHAIR GAMES TENTATIVE SCHEDULE

SUNDAY, JULY 1

9:00 a.m. to 4:00 p.m.	Registration EXPO
6:30 p.m.	Opening Ceremonies
7:30 p.m.	Reception

MONDAY, JULY 2

9:00 a.m.	Slalom IA-IB-IC Bowling IV-V Nine Ball II-III Sled Hockey Exhibition
10:00 a.m.	Air Guns
1:00 p.m.	Air Guns Bowling II-III Nine Ball IV-V Slalom (Motor)
3:00 p.m.	Air Guns
6:30 p.m.	Bowling IA-IB-IC Stick/Handle Basketball
7:00 p.m.	Air Guns
8:00 p.m.	Basketball

TUESDAY, JULY 3

8:00 a.m.	Air Guns Slalom II-III
9:00 a.m.	Bowling, Ramp Archery
10:00 a.m.	Air Guns Slalom IV-V
11:30 a.m.	Slalom Super "G" Exhibition (by invitation)
1:00 p.m.	Air Guns Nine Ball IA-IB-IC Table Tennis II-III
1:00-4:00 p.m.	Weightlifting Weigh-in

3:00 p.m.	Table Tennis IV-V Air Guns
6:30 p.m.	Basketball Table Tennis IA-IB-IC
7:00 p.m.	Air Guns
8:00 p.m.	Basketball

WEDNESDAY, JULY 4

8:30 a.m.	Power Chair 220
9:00 a.m.	Softball Track IA-IB-IC Field III
10:00 a.m.	Field II
11:00 a.m.	Field IV Softball
12:00 noon	Field V
2:00 p.m.	Track II-V Field IA-IB-IC Softball
4:00 p.m.	Softball
7:00 p.m.	Quad Rugby
8:30 p.m.	Quad Rugby

THURSDAY, JULY 5

8:00 a.m.	Weightlifting
9:00 a.m.	Swimming Motor Rally 5K Road Race
1:00 p.m.	Basketball
3:00 p.m.	Basketball
7:00 p.m.	Closing Banquet



Yes, you can.™

MEALS

Meals will be provided for each competitor and qualified coach beginning with breakfast on Monday, July 2, and ending with lunch on Thursday, July 5. Competitors and qualified coaches may pick up their meal passes during registration on Sunday, July 1, at a designated booth at the Expo. All other attendees may also purchase meal passes at that time. Purchases may be made with cash or check. The cost will be higher than in years past due to the location of this year's Games. The estimated cost will be \$300 per pass. Full meal and breakfast-only passes will be sold by the week, not on a meal-to-meal basis. Selective meal purchases are not available. Note: We regret that we are not able to accommodate special dietary requests.

HOTEL ACCOMMODATIONS

The official athlete hotel for the Games is the New York Marriott Marquis Hotel. To stay in the Games hotel, fill out the Hotel Reservation Form (Form B) and return it with payment for the first night's lodging along with your Games Registration Forms by April 16, 2001, to PVA, 900 Seventeenth Street, NW, Suite 400, Washington, DC 20006-2504. Please note that one night's deposit of \$204.71 must accompany your hotel reservation form. Fees may be paid in advance with a major credit card, personal check, or money order. (There will be a \$25 charge for any returned checks.) The hotel will not take individual reservations. **All personal care attendants should have their hotel registration forms submitted with the athlete applications.**

If a team wishes to set up a direct billing master account or put all team charges on one credit card, the team captain should call Shirlene Jeffress at PVA, (800) 424-8200, ext. 616. She will mail or fax to you the forms you need to fill out and return to her. **DO NOT CONTACT THE HOTEL DIRECTLY.**

If you have any questions concerning housing, call Shirlene Jeffress at PVA (800-424-8200, ext. 616, 9 a.m.-5 p.m. ET, Monday through Friday).

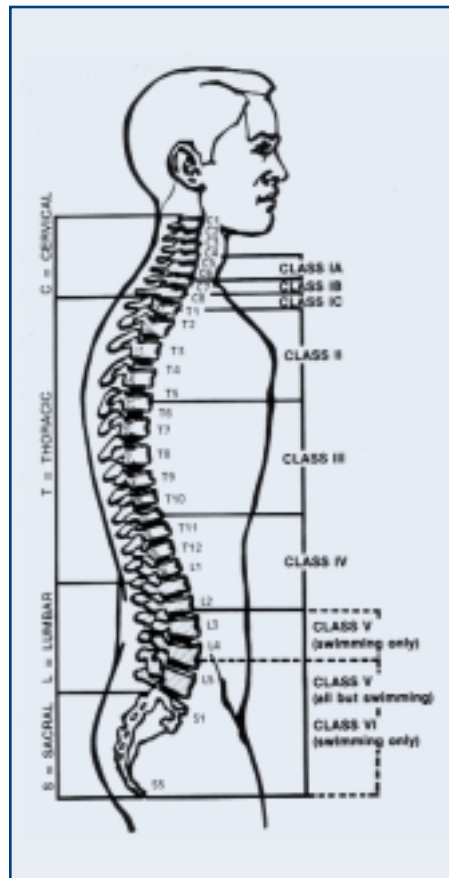
MEDICINE AND EQUIPMENT

Bring all medications and medical supplies with you in your **carry-on** luggage. **Do not** pack medicines in checked luggage as luggage can be lost or damaged.

Bring any assistive devices, specialty devices, and any other specialty equipment with you, as a limited amount of such equipment will be available on a first-come, first-served basis.

ATHLETE CLASSIFICATION

Athletes are given a medical exam and classified to ensure fair competition among those with similar degrees of disability.



Classification Chart

Quadriplegics are classified into three classes (IA, IB, IC) and paraplegics into four (II, III, IV, V). Amputees are classified based on the level of amputation. Disabilities such as stroke and multiple sclerosis are classified based on level of impairment.

Each athlete must complete and return the enclosed medical forms (Forms C and D). **A physician must complete the Physical Exam Form (Form D) in order for athletes to be eligible to register and compete.** Any application without the proper forms completed will be returned and must be resubmitted by the registration deadline.

Classification will be completed during registration on Sunday, July 1, at the Marriott. Only competitors with an NVWG classification that is permanent or less than three years old will be exempt from on-site classification. Re-examination and re-classification may be performed at the discretion of the NVWG Athlete Classification Team.

QUESTIONS?

REGISTRATION:

Paralyzed Veterans of America
Sports and Recreation Program
(800) 424-8200, ext. 752 or 687
9 am-5 pm Eastern Time, M-F

HOTEL ACCOMMODATIONS:

(for athletes and coaches only)

Shirlene Jeffress
Paralyzed Veterans of America
(800) 424-8200, ext. 616
9 am-5 pm Eastern Time, M-F

GENERAL NVWG ISSUES:

Local Organizing Committee
Bronx VAMC
(718) 584-9000, ext. 5643
9 am-4 pm Eastern Time, M-F

21ST NVWG APPLICATION

Postmark deadline is April 16, 2001. Use the enclosed envelope to return your forms. **Incomplete forms will be returned and must be resubmitted by the registration deadline.**

Social Security #: _____ / _____ / _____ ☐ Male or ☐ Female Birth date: _____ / _____ / _____

Last name: _____ First name: _____ MI: _____

Street address: _____

City: _____ State: _____ Zip: _____

Day phone: () _____ Evening phone: () _____ E-mail address: _____

Branch of service you were in: _____

Are you a PVA member? ☐ Yes ☐ No If yes, which chapter? _____

Have you competed in previous games? (Check all that apply): ☐ 1981 ☐ 1982 ☐ 1983 ☐ 1984 ☐ 1985 ☐ 1986

☐ 1987 ☐ 1988 ☐ 1989 ☐ 1990 ☐ 1991 ☐ 1992 ☐ 1993 ☐ 1994 ☐ 1995 ☐ 1996 ☐ 1997 ☐ 1998 ☐ 1999

☐ 2000

STATUS AND CLASSIFICATION

☐ Competitor or ☐ Qualified coach (To be a qualified coach you **must** list below the names of five athletes you will be coaching. One qualified coach to five athletes. Note: The coach may not be one of the five athletes.) 1. _____

2. _____ 3. _____

4. _____ 5. _____

Division (check one): ☐ Novice ☐ Open ☐ Masters (See page 2 for definitions)

Are you a member of a team? ☐ Yes ☐ No If yes, team name: _____

Team coordinator/leader: _____ Phone: () _____ email: _____

Alternate contact person _____ Phone: () _____ email: _____

NVWG Medical Classification (if known): Enclose a COPY of current NVWG classification card in the space provided on Form C.

☐ IA ☐ IB ☐ IC ☐ II ☐ III ☐ IV ☐ V ☐ VI (for swimming only)

Do you receive medical care from a VA medical center? ☐ Yes ☐ No

Primary VA medical center: _____

WHEELCHAIR INSPECTION (Please provide the following information about your wheelchair:)

Make: _____ Model: _____ ☐ Manual ☐ Power

Description: _____ Serial #: _____

Wheelchair inspected by: _____

You MUST have your wheelchair inspected by a VA prosthetic specialist before arrival at the Games. It is your responsibility as a competitor to ensure that your equipment is in good working order before you depart for the Games. Coordinate through your team coordinator an "in-service" with your VA prosthetic representatives and Invacare representatives. Make sure that all chairs issued by VA are listed on your prosthetic eligibility card by serial number and bring your card to the Games.

ASSISTIVE EQUIPMENT

All participants are encouraged to bring their own assistive equipment (shower benches, commode chairs, etc.). A limited amount of such equipment will be available on a first-come, first-served basis during the Games. Please indicate the items needed along with style, model numbers, etc., and we will try to accommodate you. **You must plan to bring any medications you take and any assistive equipment you use.** _____

HOTEL RESERVATIONS

Use the enclosed envelope to return your forms. Reservation forms will be returned to you if they are not fully completed. Rooms are available on a first-come, first-served basis. All reservations, cancellations, changes, team blocks, and credit applications should be arranged with Shirlene Jeffress at PVA national office. Please print or type. DO NOT CONTACT THE HOTEL DIRECTLY OR SPECIAL RATES WILL NOT APPLY.

HOTEL INFORMATION

Arrival date: ____/____/____

Departure date: ____/____/____

Do you need a hotel room? ☐ Yes ☐ No

Indicate your roommate(s): First and last name or None _____

Roommate is: ☐ Athlete ☐ Qualified coach ☐ Other ☐ None

Indicate your room choice:

☐ Single (1 person, 1 king bed) ☐ Double (2 people, 1 king bed) ☐ Double/Double (2 people, 2 double beds)

Do you need a rollaway bed in the room? ☐ Yes ☐ No

Do you wish to have the bathroom door removed? ☐ Yes ☐ No

The standard bathroom door width is 30" with the door and 30 1/2" without the door.

Please check your smoking preference for your room: ☐ Smoking ☐ Non-Smoking *Smoking preference cannot be guaranteed.*

Do you use a wheelchair? ☐ Yes ☐ No Is it a motorized wheelchair? ☐ Yes ☐ No

Check-in time is 3 pm; check-out time is 12 noon. Anyone checking in after 6 pm must guarantee with a credit card.

PAYMENT REQUIRED

All reservations require payment for the first night's lodging. Room rates are \$204.71 per night, tax included (tax rates are subject to increase). Cancellations must be made by 6 pm on the arrival date. Cancellation must be made with Shirlene Jeffress. Please indicate the method of payment:

☐ Visa ☐ American Express ☐ MasterCard ☐ Diners Club ☐ Discover ☐ Personal check ☐ Money order
Check or money order should be made payable to Paralyzed Veterans of America. There will be a \$25 charge for any returned check.

Credit card # _____ Expiration date: _____

Signature: _____

ITINERARY INFORMATION

Flight Arrival at LaGuardia Airport (LGA)

Date: ____/____/____ Time: _____ Airline: _____ Flight number: _____

Flight Departure

Date: ____/____/____ Time: _____ Airline: _____ Flight number: _____

Do you need transportation to and from the airport? ☐ Yes ☐ No

Will you be driving a rental car while in New York? ☐ Yes ☐ No

Arrival date: ____/____/____ Departure date: ____/____/____

If you will be driving, indicate vehicle type. ☐ Car ☐ Van License plate _____

The hotel cannot accommodate any high-top vans in their parking facility and there is no on-street parking unless you have a New York City handicap parking permit. Illegally parked vehicles will be towed. The City of New York does not recognize handicap parking permits from any state, including New York State. Please note that due to the expense and limited availability of parking, the cost of tolls, and the hazards of driving in New York City, participants are encouraged to fly instead of drive to this year's Games.

GENERAL MEDICAL INFORMATION FORM

(To be completed by participant. Please type or print clearly.)

Date: ____/____/____ VA Medical Center Name: _____

Name: _____ Social Security Number: ____-____-____

Address: _____

Daytime Phone: () _____ Evening Phone: () _____ Age: _____

DIAGNOSIS/TYPE OF INJURY:

Date of Onset: ____/____/____

- ☐ Spinal Cord Injured (SCI)—level of injury _____
- ☐ Multiple Sclerosis (MS)
- ☐ Amputee
- ☐ Head Injury
- ☐ Other: _____

ALLERGIES

Are you allergic to anything? ☐ Yes ☐ No (If yes, specify)

1. _____
2. _____
3. _____

OPERATIONS (Please list)

1. _____
2. _____
3. _____

MEDICATIONS (Please list all medications you are currently using. If you require more room, please attach an additional sheet.)

MEDICATION NAME	DOSAGE	HOW OFTEN TAKEN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

OTHER MEDICAL INFORMATION (Please list all other medical information concerning your current health status.)

YOUR PHYSICIAN: (Please type or print clearly)

Doctor's Name: _____ Phone: () _____

Address: _____
City State Zip

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone: () _____ Relationship to athlete: _____

Address: _____
City State Zip

NVWG CLASSIFICATION (IF KNOWN)

NVWG (PLEASE CHECK ONE)

- ☐ Level-IA ☐ Level-IB ☐ Level-IC ☐ Level-II
- ☐ Level-III ☐ Level-IV ☐ Level-V ☐ Level-VI
(swimming only)

**PLEASE STAPLE A COPY
OF YOUR CURRENT
CLASSIFICATION CARD HERE.**

*Note: If you do not have a classification card,
you will be required to re-classify during on-site
registration.*

PHYSICAL EXAM

(To be completed by the examining physician. Please type or print clearly.)

Dear Doctor: Your detailed exam of the participant will be very helpful to the medical assistance team. If an assistant completes the form, please countersign the exam.

Weight: _____ Blood Pressure: _____

Head & Neck: _____ Lungs: _____

Abdomen: _____ Heart: _____

Extremities: _____ Skin: _____

Other Findings: _____

PRESENT AND PAST MEDICAL HISTORY (Diabetes, heart disease, hypertension, etc.)

Known allergies: _____

Medications patient is taking: _____

Is the patient on dialysis? ☐ Yes ☐ No

Is the patient on a ventilator? ☐ Yes ☐ No

Is the patient on anticoagulant drugs? ☐ Yes ☐ No

If yes, which: _____

PHYSICIAN CLEARANCE

In my opinion, the above individual:

☐ is cleared to compete or ☐ is not cleared to compete

If not cleared, reason why: _____

PHYSICIAN INFORMATION

Name of examiner : _____
Print Name of examining physician

Signature: _____
Signature of examining physician

Address: _____
Street, Suite

City, State, Zip

Phone of physician: (_____) _____

Date: _____

OFFICE USE ONLY

Needs on-site classification

☐ Yes ☐ No

Temporary classification

May omit only if copy of current NVWG Classification card is stapled in the area provided on General Medical Information on reverse side of this sheet.

This section must be completed by someone familiar with direct muscle testing i.e., a physician, physical therapist, kinesiotherapist, or occupational therapist.

NEURO EXAM

(MANUAL MUSCLE TEST, 0-5)

UPPER EXTREMITY RIGHT LEFT

Deltoid _____

Biceps _____

Wrist extension _____

Wrist flexion _____

Triceps _____

Finger extension _____

Finger flexion _____

Finger abd/add _____

LOWER EXTREMITY RIGHT LEFT

Hip flexion _____

Hip extension _____

Hip adduction _____

Hip abduction _____

Knee flexion _____

Knee extension _____

Dorsiflexion _____

Plantarflexion _____

SITTING BALANCE (please check one)

☐ Normal ☐ Fair

☐ Poor ☐ None

HANDEDNESS (please check one)

☐ Right ☐ Left

TRUNK (0-5 scale) UPPER LOWER

Abdominals _____

Spinal extensors _____

EVENT SELECTION

Check at least two and no more than five events. Do not schedule conflicting events!
(See event schedule.) Each shaded box checked represents one event selected.

AIR GUNS

Equipment available for novices only.
Limit 200 Shooters.

- ☐ Para ☐ Para with assistance
☐ Quad ☐ Quad with assistance

Have you ever competed in an NVWG
Air Guns Event? (check one)

- ☐ Yes ☐ No

ADAPTIVE EQUIPMENT NEEDS

- ☐ Air Guns
☐ Support Stand
☐ Remote Trigger Mechanism

COMPETITION RELAYS

Enter 1-3 in order of day/time preference

Monday	Tuesday
	8 am
10 am	10 am
1 pm	1 pm
3 pm	3 pm
7 pm	7 pm

ARCHERY*

Equipment available for novices only.
Limit 90 archers.

- ☐ Para/Amp with Recurve Bow
☐ Para/Amp with Compound Bow
☐ Quad with Recurve Bow
☐ Quad with Compound Bow

BASKETBALL

Check NWBA class if known
Limit 96 players.

- ☐ Class I (Level II and some III)
☐ Class II (Level III and IV)
☐ Class III (Level V and some IV)
☐ Not known

BOWLING (3 games, total pins)*•

- ☐ Ramp (Head/mouth control)
☐ Ramp (Hand control)
☐ Stick (1A, 1B, 1C)
☐ Handleball (1A, 1B, 1C)
☐ Manual (All classes)

SWIMMING (8 CLASSES)♥♦

BACKSTROKE

- ☐ 25 yards IA, IB, IC
☐ 50 yards II, III
☐ 100 yards IV, V, VI

BREASTSTROKE

- ☐ 25 yards IA, IB, IC
☐ 50 yards II, III
☐ 100 yards IV, V, VI

FREESTYLE

- ☐ 25 yards IA, IB, IC
☐ 50 yards II, III
☐ 100 yards IV, V, VI

BUTTERFLY

- ☐ 25 yards IA, IB, IC, II
☐ 50 yards III, IV, V, VI

INDIVIDUAL MEDLEY

- ☐ 75 yards IA
☐ 100 yards IB, IC, II, III
☐ 200 yards IV, V, VI

FIELD*

- ☐ Club (IA only)
☐ Discus
☐ Shot (All except IA)
☐ Javelin (All except IA)

TRACK*

Helmets are mandatory.

- ☐ Power Chair 220 (Mouth control)
☐ Power Chair 220 (Head [Chin] control)
☐ Power Chair 220 (Hand control)
☐ 100 meters
☐ 200 meters
☐ 400 meters
☐ 800 meters
☐ 1500 meters
☐ 3000 meters (IA, IB, IC)
☐ 5000 meters

(Combined Para/Amp only)

QUAD RUGBY

Limited to 40 players.

Check USQRA class, if known.

- ☐ .5 ☐ 1.0 ☐ 1.5 ☐ 2.0
☐ 2.5 ☐ 3.0 ☐ 3.5 ☐ Not known

OTHER

- ☐ 5K Road Race—Quad. Manual chairs only. Helmets are mandatory.♥♦
☐ 5K Road Race—Para/Amp. Manual chairs only. Helmets are mandatory.♥♦
☐ Motorized Rally♥♦
☐ Motorized Slalom (Hand control) Helmets are mandatory.
☐ Motorized Slalom (Head [chin] control) Helmets are mandatory.
☐ Motorized Slalom (Mouth control) Helmets are mandatory.
☐ Nine Ball (Single elimination)*
☐ Quad Weightlifting♥♦
☐ Slalom—Helmets are mandatory.*•
☐ Softball—Limited to 90 players No motorized wheelchairs or scooters.♣
☐ Table Tennis (Single elimination)
☐ Weightlifting (By bodyweight)♥♦

EXHIBITION

Does not count as one of the two minimum or five maximum events.

- ☐ Sled Hockey*

- * If you select sled hockey, you may not select slalom (IA, IB, IC), bowling (IV, V), or nine ball (II, III).
• If you select archery, you may not select slalom (II, III, IV, V) or bowling (ramp).
♣ If you select softball, you may not select track or field.
♥ If you select weightlifting, you may not select swimming, motor rally, or 5K road race.
♦ If you select swimming, you may not select weightlifting, motor rally, or the 5K road race.

WAIVER & RELEASE OF LIABILITY/PUBLICITY RELEASE

Read before signing

In consideration of being allowed to participate in the above-named Games, related events, and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in these Games is significant, including the potential for serious bodily injury, including death, and property damage. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility for my participation.

2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

3. I, for myself and on behalf of my heirs, assigns, personal representatives, administrators, and next of kin, HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE, the United States Government; the Department of Veterans Affairs (VA); the Paralyzed Veterans of America (PVA); their officers, directors, officials, members, agents, and employees; and any and all sponsoring agencies, sponsors, advertisers, owners, and lessors of premises used to conduct the Games, related events, and activities; and, officials, volunteers, and other participants of the 21st National Veterans Wheelchair Games ("RELEASEES"), from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the RELEASEES, or otherwise.

4. I consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

5. I voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me by or on behalf of VA, PVA, U.S. military publications, *Sports 'n Spokes*, *PN/Paraplegia News*, and other magazines, veterans publications, newspapers, and broadcast media, etc., while I am a participant in the 21st National Veterans Wheelchair Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said picture(s) and/or voice recording(s) are intended to publicize and give recognition to the National Veterans Wheelchair Games. Also, I authorize storage of my registration and event data in the electronic media.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____

Name (Please print) _____

Date Signed ____/____/____

Name: _____

Date Rec'd: _____

Medical records scanned: _____

Entered in computer: _____

Hometown NR forwarded: _____

Reg. finalized: _____

#: _____

FOR OFFICE USE ONLY

HOMETOWN NEWS RELEASE QUESTIONNAIRE

(To be completed by athlete)

We cannot prepare a news release on your participation in the Games if you do not fill out this form completely. This form gives us specific information we need to prepare a news release to send out to the newspapers back where you live. We have simplified it as much as possible. As the Games have grown in numbers, so has our job of putting out a release on each athlete. **If you have any questions, please call Roxanne Fischetti (202) 273-5736.**

1. Your Name: _____

2. Social Security Number: _____/_____/_____

3. Do you want a news release sent back to the newspaper(s) where you live? ☐ Yes ☐ No

a. If you answered "No", sign name here and ignore questions 4-7

(Signature:) _____

b. If your answer is "Yes", you **MUST fill out questions 4-7.** If the form is not **completely** filled out, we cannot produce a news release.

4. What are the nearest DAILY and WEEKLY newspapers to your home?

(If you don't know the name, please give the closest large city or the county that you live in.)

Name (Please print)	City
Name (Please print)	City
Name (Please print)	City
Name (Please print)	City

5. a. Did you ever serve in combat in any of the following conflicts?

- ☐ WWII

☐ Korea

☐ Vietnam

☐ Somalia

☐ Bosnia

☐ The Gulf War

☐ Other _____

b. Is your injury or illness combat related (We do not mean service-connected, but resulting from actual service in combat circumstances)? ☐ Yes ☐ No

6. Which general category does your diagnosis fall under?

- ☐ Paraplegic

☐ Amputee

☐ Stroke

☐ Quadriplegic

☐ Right leg—A/K, B/K

☐ Other Neurological injury or disease _____

☐ Multiple sclerosis

☐ Left leg—A/K, B/K

☐ Hip/Knee replacement

☐ Brain injury

☐ Other amputation

☐ Severe Arthritis

☐ Other diagnosis *(describe in simple language, not medical terms)* _____

7. How do you feel about this event? What has it and sports competition done for your life? If you are a novice, what have you been most looking forward to? What do you expect to take home from this experience? (Remember, if you don't give us a quote, we will not be able to produce a release!!) _____



ATTENTION ALL WHEELCHAIR SPORTS USA AND UNITED STATES QUAD RUGBY ASSOCIATION CLASSIFICATION CARD HOLDERS

We are very interested in finding out how many veterans that attend the National Veterans Wheelchair Games already have a membership with Wheelchair Sports USA and have been functionally classified for any sport. We currently use the Medical Classification System. This is for our information only and will not affect your classification.

PLEASE STAPLE A COPY OF YOUR CURRENT
WHEELCHAIR SPORTS USA
CLASSIFICATION CARD HERE.

We have converted to the United States Quad Rugby Association functional classification for quad rugby. We will be accepting USQRA cards for rugby and you will not have to reclassify for that sport if you send us a copy of your qualification card with this application.

PLEASE STAPLE A COPY OF YOUR CURRENT
USQRA
CLASSIFICATION CARD HERE.